		132
ם	ARIZONA STATE BOARD OF HEALTH State File No	
of each	1. PLACE OF BIRTH STANDARD CERTI	Registered No
i o	STANDARD GERTI	FIGATE OF BIRTH
ğ	County	State
onch, and the number	District or Township	or Village
	City St Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
	Hablo Toke	If child is not yet named, make supplemental report, as directed.
acb,	2. Full name of child	16. Legitimate? A. 3 163
2 5	3. Sex of Child To be answered ONLY in event of plural births. To be answered ONLY 4. Twin, triplet of other births.	ella of birth
KMANE made f	8. () A FATHER	14. O MOTHER OF
2 2	Full name (Table Lopes	Full maiden name Manuella Ulivas
IS A I	9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
E SE	If non-resident, give place and state.	If non-resident, give place and state.
	10. Color or race	16. Color or race
Z E	Met . 11. Age at last birthday 23 (Years)	17. Age at last birthday 2 (Years)
SEA S		18. Birthplace (city or place)
SEF	12. Birthplace (city or place)	(State or country)
η, L	(State or country)	0.
blrc	13. Occupation Laborer	19. Occupation Nature of industry
r W	Nature of industry	Nature of industry
WRITE PLAINLY WITH UNFADING INK—THIS more than one child at a birth, a SEPARATE RETURN order of birth stated	20. Number of children of this mother (a) Born alive a	nd now living 21. Were precautions taken against oph-
PLA)	(Taken as of time of birth of child herein (b) Born alive b	out now dead 2
TE I	certified and including this child.) CERTIFICATE OF ATTENNING PHYSICIAN OR MIDWIFE 8: 10 A. on the date above stated.	
WRI	I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)	
nora	*When there was no attending physician or midwife, then the father, householder,	
	etc., should make this return. A stillborn	Thisisian
case of	shows other evidence of life after birth.	On I (Physician or Midwife).
Ä	Given name added from a supplemental report Month, day, year	more as
m	Registrar Filed 9	(6 1941) B. E. lo laghtona m
z	A negletrar	
139-607-460		